THE D LEAGUE

Home Team				Away Team

Date:		**Game Time:**		**Venue:**	
Field #		**Age Group:**		**Gender:**	
Team Name:		**Club:**		**Uniform Colour:**	

Full Name	Uniform #	Ontario Soccer #	CARDS		GOALS
			Y	R	

Team Officials

	REGISTRANT #	NAME	SIGNATURE
Coach			
Assistant Coach			
Manager			

Match Officials

Referee		**Registration #**		**Signature:**	
Assistant		**Registration #**		**Signature:**	
Assistant		**Registration #**		**Signature:**	

Team Official Notes:

- The game sheet must be filled out including name, registration numbers and all details of the game 10 minutes prior to kickoff and provided to the Match Official
- Indicate Roster/Call-up/Trial permit players on the game sheet and strikethrough player's name if not playing
- Upon request, valid Ontario Soccer identification must be checked **PRIOR** to the start of the game (without causing any delay of the game kickoff)